STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES

Office of Pharmacy Services
Prior Authorization Criteria

Cabenuva® (*Cabotegravir and Rilpivirine*)

Effective 9/22/2021

Prior Authorization Request Form

Cabenuva (Cabotegravir and Rilpivirine) *is indicated for the treatment of HIV-1 infection in adults to replace the current antiretroviral regimen in those who are virologically suppressed (HIV-1 RNA <50 copies/mL) on a stable antiretroviral regimen with no history of treatment failure and with no known or suspected resistance to either cabotegravir or rilpivirine.* ***Note:*** *Guidelines recommend use only in patients with documented virologic suppression for ≥3 months. In addition, use is not recommended in patients with active hepatitis B virus (HBV) infection, unless also receiving an oral HBV active regimen.*

"Cabenuva requires review by the Medical Director and is available only on appeal. Medical reasoning beyond convenience or enhanced compliance over preferred agents must be provided."

Note: *An oral lead-in period of ~1 month (≥28 days) should be completed prior to initiation of cabotegravir and rilpivirine injections. Initiate injections on the final day of oral lead-in.*

Oral lead-in therapy will not qualify as stabilization of treatment. Cabenuva will only be grandfathered for patients established on therapy.

Oral lead-in with Vocabria® (cabotegravir) and Edurant® (rilpivirine) are provided at no charge by the manufacturer and should be dispensed ONLY for those who have already obtained prior approval of Cabenuva.

The use of pharmaceutical samples will not be considered when evaluating the members' medical condition or prior prescription history for drugs that require prior authorization.

References:

1.) Cabenuva Package Insert (9/2021)
2.) LexiComp monograph on Cabenuva (reviewed 9/2021)